

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

26220 ENTERPRISE COURT

Check if different  
than previously  
reported. (ACC)

LAKE FOREST

CA

92630

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00240218

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2016

09

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SMYTH, RAOUL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

SMYTH, RAOUL, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

10

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">195468.65</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">63346.15</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3375.00</span>	<span style="border: 1px solid black; padding: 2px;">10752.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">66721.15</span>	<span style="border: 1px solid black; padding: 2px;">206221.15</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">30700.00</span>	<span style="border: 1px solid black; padding: 2px;">170200.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">36021.15</span>	<span style="border: 1px solid black; padding: 2px;">36021.15</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2475.00

5245.00

(ii) Unitemized .....

900.00

5507.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3375.00

10752.50

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

3375.00

10752.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0

0

## 13. All Loans Received .....

0

0

## 14. Loan Repayments Received.....

0

0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

3375.00

10752.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

3375.00

10752.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	5000.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	161000.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements (Including Non-Federal Donations).....	4200.00	4200.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30700.00	170200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30700.00	170200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3375.00	10752.50
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3375.00	10752.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	5000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arini-Moza, Rochelle, , ,**

Mailing Address 20063 Balmoral Dr

City  
Macomb

State  
MI

Zip Code  
48044-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria Healthcare

Occupation (for Individual)  
Market Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 19 / 2016

**Transaction ID : 539-P22908**

Amount of Each Receipt this Period

60.00

☐ Memo Item  
Payroll Deduction

(\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bowers, James, C, ,**

Mailing Address 256 Aerie Ct

City  
Roseville

State  
CA

Zip Code  
95661-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria Healthcare

Occupation (for Individual)  
Market Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : 542-P22984**

Amount of Each Receipt this Period

140.00

☐ Memo Item  
Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dwyer, Michael, K, ,**

Mailing Address 5876 Merganser Court

City  
Frederick

State  
CO

Zip Code  
80504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria Healthcare

Occupation (for Individual)  
Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : 542-P22986**

Amount of Each Receipt this Period

105.00

☐ Memo Item  
Payroll Deduction

(\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Noble, Theresa, A, ,

Mailing Address 41427 N Laurel Valley Way

City  
AnthemState  
AZZip Code  
85086-1281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria HealthcareOccupation (for Individual)  
Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22988

Amount of Each Receipt this Period

245.00

☐ Memo Item  
Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rogers-Bowers, Kimberlie, K, ,

Mailing Address 1200 Gulf Blvd., #806

City  
ClearwaterState  
FLZip Code  
33767FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria HealthcareOccupation (for Individual)  
Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22990

Amount of Each Receipt this Period

175.00

☐ Memo Item  
Payroll Deduction

(\$25.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saito, Garrett, Y, ,

Mailing Address 28 Flintstone

City  
Aliso ViejoState  
CAZip Code  
92656-1919FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apria HealthcareOccupation (for Individual)  
Market Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22991

Amount of Each Receipt this Period

175.00

☐ Memo Item  
Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

595.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scholl, Richard H., , ,

Mailing Address 8 Lilac Lane

City

Garnerville

State

NY

Zip Code

10923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P23006

Amount of Each Receipt this Period

140.00

☐ Memo Item  
Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smyth, Raoul, , ,

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

EVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22992

Amount of Each Receipt this Period

245.00

☐ Memo Item  
Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tewell, Gregory, A, ,

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

VP Business Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22993

Amount of Each Receipt this Period

210.00

☐ Memo Item  
Payroll Deduction

(\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

595.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Andrew, Cameron, ,

Mailing Address 20 Westchester Ct

City  
ProsperState  
TXZip Code  
75078FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

EVP Zone West

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22994

Amount of Each Receipt this Period

525.00

☐ Memo Item  
Payroll Deduction

(\$75.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Deanna, P, ,

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

VP Strategic Relationships

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22995

Amount of Each Receipt this Period

350.00

☐ Memo Item  
Payroll Deduction

(\$50.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wagner, Andrew, , ,

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apria Healthcare

Occupation (for Individual)

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : 542-P22996

Amount of Each Receipt this Period

105.00

☐ Memo Item  
Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

980.00

2475.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52003Purpose of Disbursement  
Contribution to House Candidate

011

Candidate Name

**BLUM, RODNEY LELAND, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	6		

FEC Identification Number

**C** C00543926**Transaction ID : 531**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN THUNE (P)**

Mailing Address PO BOX 841

City  
SIOUX FALLSState  
SDZip Code  
57101Purpose of Disbursement  
Contribution to Senate Candidate

011

Candidate Name

**THUNE, JOHN R, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	6		

FEC Identification Number

**C** C00409581**Transaction ID : 529**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GRASSLEY COMMITTEE INC (P)**

Mailing Address PO BOX 1000

City  
DES MOINESState  
IAZip Code  
50304Purpose of Disbursement  
Contribution to Senate Candidate

011

Candidate Name

**GRASSLEY, CHARLES E SENATOR, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

**C** C00230482**Transaction ID : 534**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS FOR CONGRESS (P)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

Mailing Address PO BOX 1441

City  
TOPEKAState  
KSZip Code  
66601Purpose of Disbursement  
Contribution to House Candidate

011

Category/  
Type

Candidate Name

**JENKINS, LYNN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS

District: 02

FEC Identification Number

C C00433730

**Transaction ID : 533**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS (P)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2016

Mailing Address 5429 MADISON AVENUE

City  
SACRAMENTOState  
CAZip Code  
95841Purpose of Disbursement  
Contribution to House Candidate

011

Category/  
Type

Candidate Name

**THOMPSON, MIKE MR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 05

FEC Identification Number

C C00326363

**Transaction ID : 528**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY FOR ILLINOIS (P)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

Mailing Address PO BOX 10793

City  
CHICAGOState  
ILZip Code  
60610Purpose of Disbursement  
Contribution to Senate Candidate

011

Category/  
Type

Candidate Name

**DUCKWORTH, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 00

FEC Identification Number

C C00574889

**Transaction ID : 543**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAMMY FOR ILLINOIS (P)**

Mailing Address PO BOX 10793

City  
CHICAGOState  
ILZip Code  
60610Purpose of Disbursement  
Contribution to Senate Candidate

011

Candidate Name

**DUCKWORTH, TAMMY, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00574889**Transaction ID : 544**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TEAM RYAN**

Mailing Address 320 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution to Joint Fundraising Cttee

011

Candidate Name

**RYAN, PAUL, D, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00545947**Transaction ID : 545**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16000.00

**TOTAL** This Period (last page this line number only).....▶

26500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Stakeholder International**

Mailing Address 301 E Carmel Drive

City  
CarmelState  
INZip Code  
46032Purpose of Disbursement  
PAC software

001

Category/  
Type

Candidate Name

Stakeholder International

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		05		2016

FEC Identification Number

C

Transaction ID : 530

Amount of Each Disbursement this Period

4200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4200.00

**TOTAL** This Period (last page this line number only).....▶

4200.00